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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000715 (3)

1. Corporation Name

LA CASA CUBA DE TAMPA INC.

Principal Place of Business	*Mailing Address*
2322 W. KENTUCKY AVE. TAMPA FL 33607 US	P. O. BOX 20042 TAMPA FL 33622-0042 US

3. Date Incorporated or Qualified: 02/11/1993
3a. Date of Last Report: 03/19/1996

2. Principal Place of Business
21 2506 W. Curtis St
22 Suite, Apt. #, etc.
23 City & State: Tampa FL
24 Zip: 33614 25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: 59-3186242 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CHAVIANO, ANGELA
2322 W, KENTUCKY AVENUE
TAMPA FL 33603

10. Name and Address of New Registered Agent

81 Name: OSCAR Rodriguez
82 Street Address (P.O. Box Number is Not Acceptable)
83 14311 Black Cypress Ln
84 City: Tampa FL 85 Zip Code: 33625

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] OSCAR Rodriguez — 4/16/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RODRIQUEZ, OSCAR		1.2 NAME		
STREET ADDRESS	14311 BLACK CYPRESS LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RIBO, LUIS		2.2 NAME		
STREET ADDRESS	2309 ELCOE AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	DT	☒ DELETE	3.1 TITLE	DT	☒ Change ☐ Addition
NAME	RUIZ, JOSE ORESTE		3.2 NAME	PEDRO REY	
STREET ADDRESS	7712 HIAWATHA		3.3 STREET ADDRESS	7007 Hazelhurst	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Tampa, FL 33615	
TITLE	DS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CHAVIANO, ANGELA		4.2 NAME		
STREET ADDRESS	3002 W DOUGLAS ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CARTAYA, HENRY		5.2 NAME		
STREET ADDRESS	4423 W CARMEN STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ANDREWS, LLOYD		6.2 NAME		
STREET ADDRESS	6820 N. TACHER AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] OSCAR Rodriguez — 4/15/97 — 813-962-7228